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APPLICATION NO.	FILING DATE		FIRST NAMEI	) INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/020,044	12/13/2001	L	Latifa Dal	hricorrei	a	7594-84879	7477
TITLE OF INVENTION: PI DERIVATIVE	HARMACEUTICAL COM	POSITIONS WITI	H WOUND H	EALING	G OR ANTI-COMPLE	MENTARY ACTIVITY C	OMPRISING A DEXTRAN
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700			\$300	\$1000	05/04/2005
EXAM	INER	ART UNIT		CL	ASS-SUBCLASS	] .	
KRISHNAN, C	GANAPATHY	1623			514-059000		
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3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in		elow, no assignee of this form is NO	data will app T a substitute	ear on the	ne patent. If an assign g an assignment.		document has been filed for
(A) NAME OF ASSIGNI	RESIDENCE: (CITY and STATE OR COUNT \$4/26/2005 RFEKADU2 00000134 100200						
Biodex			Fran	ce	and the second s	01 FC:2501 02 FC:1504	
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent):	☐ Individual ☐ Co	orporation or other private gr	oup entity Government
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Authorized Signature	Thomas W	Tolain	_		Date Apr	il 22, 2005	
Typed or printed name Thomas W. Tolpin					Registration	27 (00	
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